 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 		A. Signature	
 so that we can return the card to Attach this card to the back of the or on the front if space permits. 		By Received by (Printed Name) C. Date of Del	
Article Addressed to:	P 	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Marine Vacuum c/o Marine Vacuum, Inc. Attn: Legal Department 1902 Hwy 90 West Patterson, Louisiana 70392		9490745	
		3. Service Type Lif. Certified Mail	ndise
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)	7014	0150 0000 2452 8630	
PS Form 3811, February 2004	Domestic I	Return Receipt 102595-02-W	1-154 ⁴

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box

